PATENT APPLICATION	First Inventor or Application	n Identifier	Eishun	TSUCHIDA			
TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1 53(b))	Title PHOTOREDUCTION METHOD FOR HEMOGLOBIN-VESICLE				CLE		
	Assignee Name: JAPAI	N SCIENC	E AND T	ECHNOLOGY CORPOR	ATION		
Assignee Address: 1-8, Honcho 4-chome, Kawaguchi-shi, Saitama 332-0012 Japan							
APPLICATION ELEMEN On See MPEP chapter 600 concerning utility patent	ADDRES:	S TO:	Assistant Commissioner Box Patent Application Washington, DC 20231	for Patents	073084		
Fee Transmittal Form (e.g. PTO/SB (Submit an original and a duplicate for fee pro		ACCON	PANYING APPLICATIO	N PARTS			
Submit an original and a duplicate for fee pro	ocessing)	7. ■ ²	ssignme	ent Papers (cover sheet &	k document(s))	-Ē	
2. ■ Specification Total	Sheets 28		•	on Data Sheet. See 37 C	FR 1.76 (3 she	eets)	
		9. 🗆 🖔	7 C.F.R	. §3.73(b) Statement Essan assignee)	Power of Att	orney	
3. Formal Drawing(s) Total	Sheets 1	10. 🗆 E	nglish T	ranslation Document (if a	pplicable)		
		11. 🔳 🖁	nformati Statemer	on Disclosure at (IDS)/PTO-1449	Copies of ID Citations (18	S)	
4. ■ Oath or Declaration Total	Pages 2	12. 🗆 F	relimina	ry Amendment			
a. Newly executed (original or cop	py)	13. 🔳 V	Vhite Ad	vance Serial No. Postcar	d		
b. \square Copy from a prior application (3 (for continuation / divisional w/ box		14. ■ (/	Certified If foreign p	Copy of Priority Documer riority is claimed)	nt(s) (1)		
i. DELETION OF INVENTO Signed statement attached deler the prior application, see 37 C F 1 33(b)	R(S) ting inventor(s) named in R §1.63(d)(2) and	15. 🗆 s	Applicant See 37 CFI	claims small entity status	S.		
5 CD-ROM or CD-R in duplicate, large Program (Appendix)	·	16. I	Other:	Request for Priority; International Search Rep of Categories);	oort (w/ Transl	ation	
Nucleotide and/or Amino Acid Sequi (if applicable, all necessary)				Statement of Relevancy			
	•						
b. Specification or Sequence Listing o	n:						
i. □ CD-ROM or CD-R (2 copi ii. □ Paper □ c. □ Statements verifying identity of	es); or						
c. □ Statements verifying identity of	above copies						
Great Control of the		lu the requir	ita informa	tion holow:			
If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: ■ Continuation of prior application no.: International PCT No. PCT/JP00/09198, filed December 25, 2000							
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
18. Amend the specification by inserting before the first line the sentence:							
□ This application is a □ Continuation □ Division □ Continuation-in-part (CIP)							
of application Serial No. Filed on							
□ Which was published in English□ Which was not published in English							
☐ This application claims priority of provis	ional application Seria	al No.		Filed			
19. CORRESPONDENCE ADDRESS							
Robert T. Pous							
Registration No. 29,099 22850							
(703) 413-3000 FACSIMILE: (703) 413-2220							

219388US2 CONT

Attorney Docket No.

Name:	Marvin J. Spivak	Registration No.:	24,913
Signature:	Niv. V	Date:	2/12/02
Name:		Registration No.:	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Eishun TSUCHIDA, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

PHOTOREDUCTION METHOD FOR HEMOGLOBIN-VESICLE

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	3 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$84 =	\$0.00
□ MULTIPLE DEPENDENT CLAIMS (If applicable) + \$280 =				\$0.00
□ LATE FILING OF DECLARATION + \$130			+ \$130 =	\$0.00
	\$740.00			
	\$740.00			
□ REDUCTION BY 50% F	\$0.00			
□ FILING IN NON-ENGLISH LANGUAGE		+ \$130 =	\$0.00	
■ RECORDATION OF ASSIGNMENT		+ \$40 =	\$40.00	
			TOTAL	\$780.00

Please charge Deposit Account No. 15-0030 in the amount of

A duplicate copy of this sheet is enclosed.

A check in the amount of

\$780.00

to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 10/00)

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER &/NEUSTADT, P.C.

Marvin J. Spivak

Registration No.

24,913

I:\user\YSTAN\other-filler\pct-bypass\219388\219388 new-fee wpd